



DIVISION OF BEHAVIORAL HEALTH

Alaska's Behavioral Health System

Presentation to the Health Care Commission

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CORE SERVICES

Prevention

Early Intervention

Mental Health Treatment

Substance Use Disorder Treatment

Alaska Psychiatric Institute

ISSUES

- Suicide
- Domestic violence and sexual assault
- Alcohol
- Co-occurring disorders
- Housing
- Employment
- Adverse childhood experiences
- BH emergencies

Scope is the Public Behavioral Health System

Grantees (Must be a grantee to be a community BH provider eligible to bill Medicaid)

Medicaid Providers

PROVIDERS

Grantees

- Prevention and Early Intervention
 - Fetal Alcohol Spectrum Disorders
 - Alcohol Safety Action Program and Therapeutic Courts
 - Comprehensive
 - Underage Drinking
 - Strategic Prevention Framework State Incentive Grant
 - Governor's DVSA Initiative
 - Tobacco Enforcement and Education
 - Suicide Prevention
 - Rural Human Services
- Treatment and Recovery
 - Seriously mentally ill adults
 - Substance use disorder treatment for adults and children
 - Seriously emotionally disturbed youth
 - Psychiatric emergency services
 - Designated evaluation and treatment
 - Alaska Psychiatric Institute

API Census

| | January 2011 | January 2012 |
|-----------------------------|----------------------------|----------------------------|
| Average Daily Census | 73 (91%) | 49 (62%) |
| Average Length of Stay | 16 days | 10 days |
| Total Admissions | 128 | 132 |
| Involuntary Admissions | 98% | 96% |
| Legal holds after admission | 63% legal 37% voluntary | 12% legal 88% voluntary |

API Issues

Co-occurring disorders

Utilization management

Heavy admits from Anc/MatSu

Forensics

Locum Tenens Psychiatrists

Staffing

Safety net

Community resources

API Census Management

- ▣ Acute care model
- ▣ Reduction of involuntary legal holds
- ▣ Co-occurring disorders
- ▣ Improved treatment team
- ▣ Peers
- ▣ Leadership
- ▣ Enhanced discharge planning
- ▣ Engaged partners

More to come

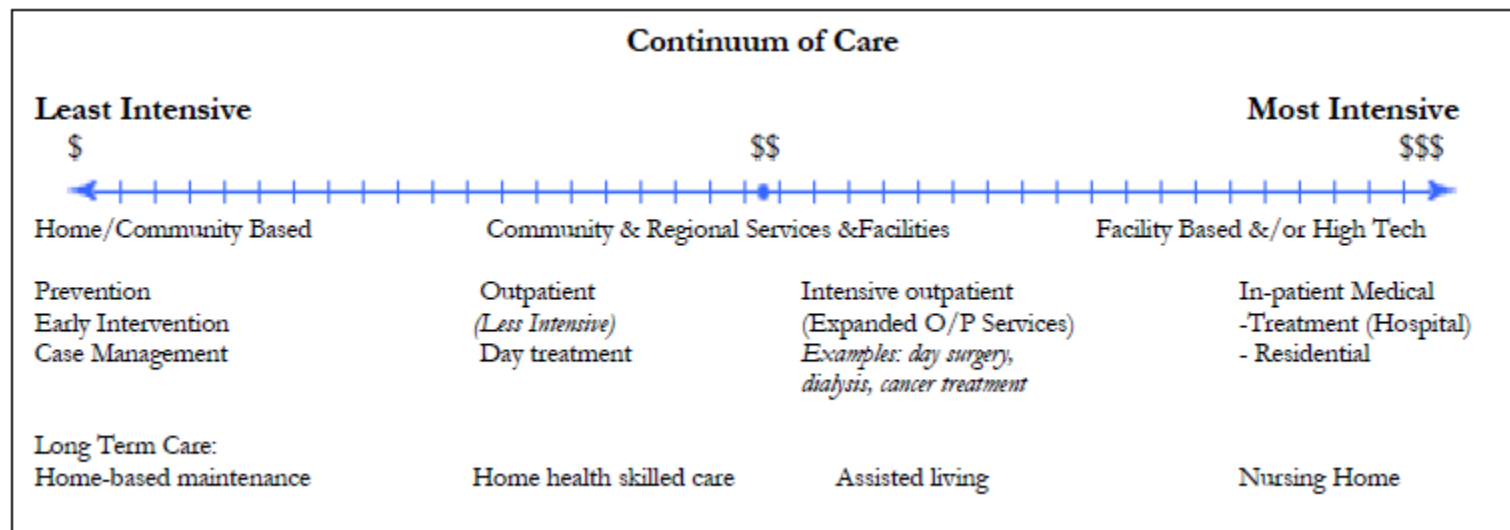
PROVIDERS

Medicaid Providers

- Inpatient Hospitals and Residential Psychiatric Treatment Centers
 - API
 - Other Acute Psych Hospitals
 - RPTC's
- Hospital Outpatient
 - Private Hospital
 - Tribal Hospital
- Community BH
 - Mental Health
 - Substance Abuse
- Other Community/Clinic
 - Physician Clinics
 - Psychologist
 - Indian Health Service
 - Rural Health
- Other
 - Physicians, Nurse Practitioners and School-Based Services

Continuum of Care

from Health Care Commission's Definitions



WHERE ARE PEOPLE GETTING BH SERVICES?

Fy11 Adults

- Inpatient Hospitals and Residential Psychiatric Treatment Centers = 6%
 - API
 - Other Acute Psych Hospitals
 - RPTC's
- Hospital Outpatient = 19%
 - Private Hospital
 - Tribal Hospital
- Community BH = 54%
 - Mental Health
 - Substance Abuse
- Other Community/Clinic = 20%
 - Physician Clinics
 - Psychologist
 - Indian Health Service
 - Rural Health
- Other = 39%
 - Physicians, Nurse Practitioners and School-Based Services

WHERE ARE PEOPLE GETTING BH SERVICES?

Fy11 Youth

- Inpatient Hospitals and Residential Psychiatric Treatment Centers = 11%
 - API
 - Other Acute Psych Hospitals
 - RPTC's
- Hospital Outpatient = 17%
 - Private Hospital
 - Tribal Hospital
- Community BH = 46%
 - Mental Health
 - Substance Abuse
- Other Community/Clinic = 33%
 - Physician Clinics
 - Psychologist
 - Indian Health Service
 - Rural Health
- Other = 50%
 - Physicians, Nurse Practitioners and School-Based Services

WHAT PROPORTION OF PEOPLE SERVED IN COMMUNITY BH HAVE MEDICAID?

FY11 Adults

- 54% of BH services were provided through community BH provider grantees
 - 37% were Medicaid recipients
 - MH: 45% were Medicaid recipients
 - SA: 23% were Medicaid recipients

FY11 Youth

- 46% of BH services were provided through community BH provider grantees
 - 78% were Medicaid recipients
 - MH: 79% were Medicaid recipients
 - SA: 57% were Medicaid recipients

Source of Funds

Non Medicaid FY12 *\$135.6M*

State general funds \$91.2

Federal grants \$10.9

Other \$33.5

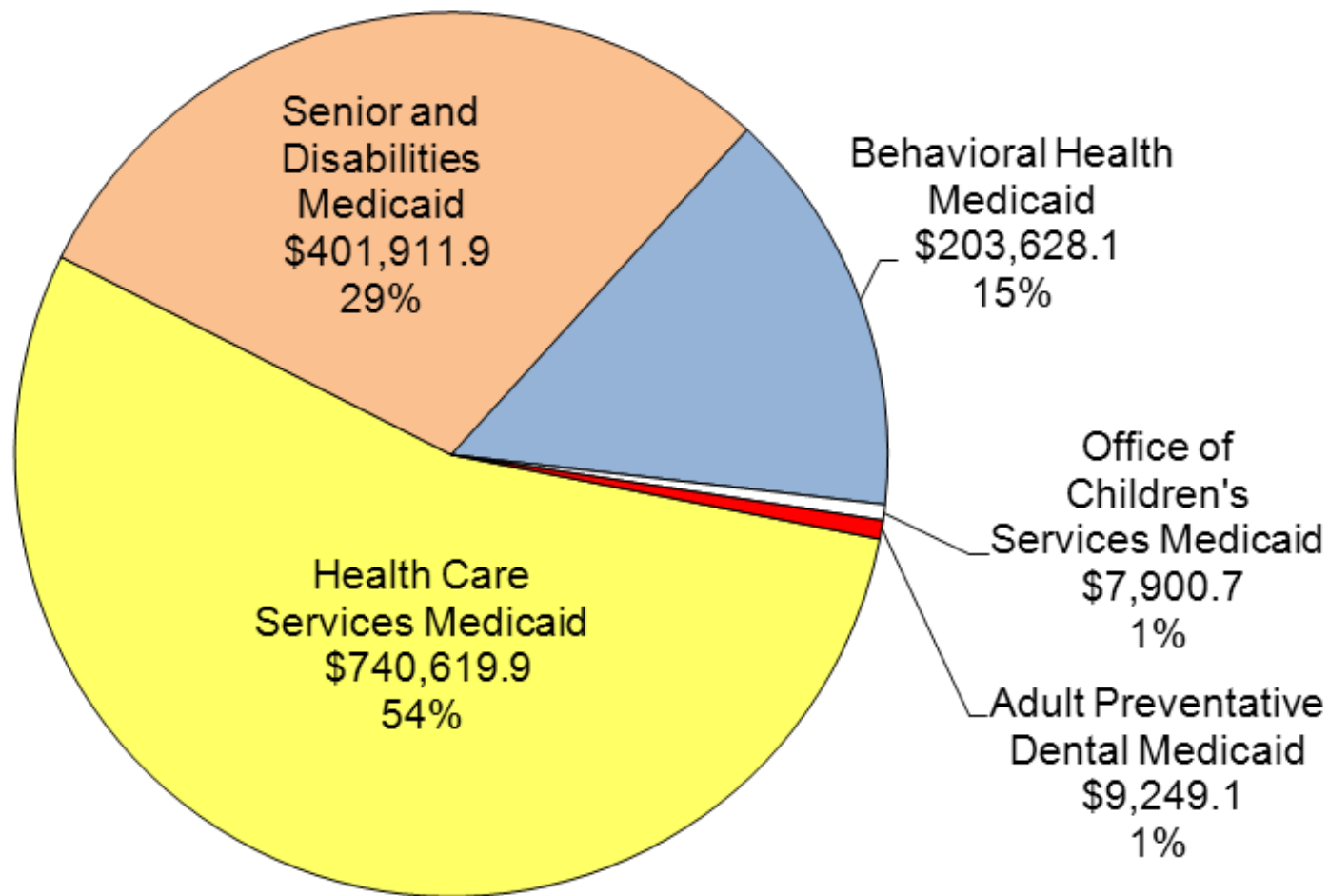
Medicaid FY12 *\$177.3M*

State general funds \$82.6

Other (SDPR) \$.7

Federal \$94.0

FY 2011 Medicaid Direct Services Expenditures by Division (thousands)



Source: AKSAS data

System Strengths and Challenges

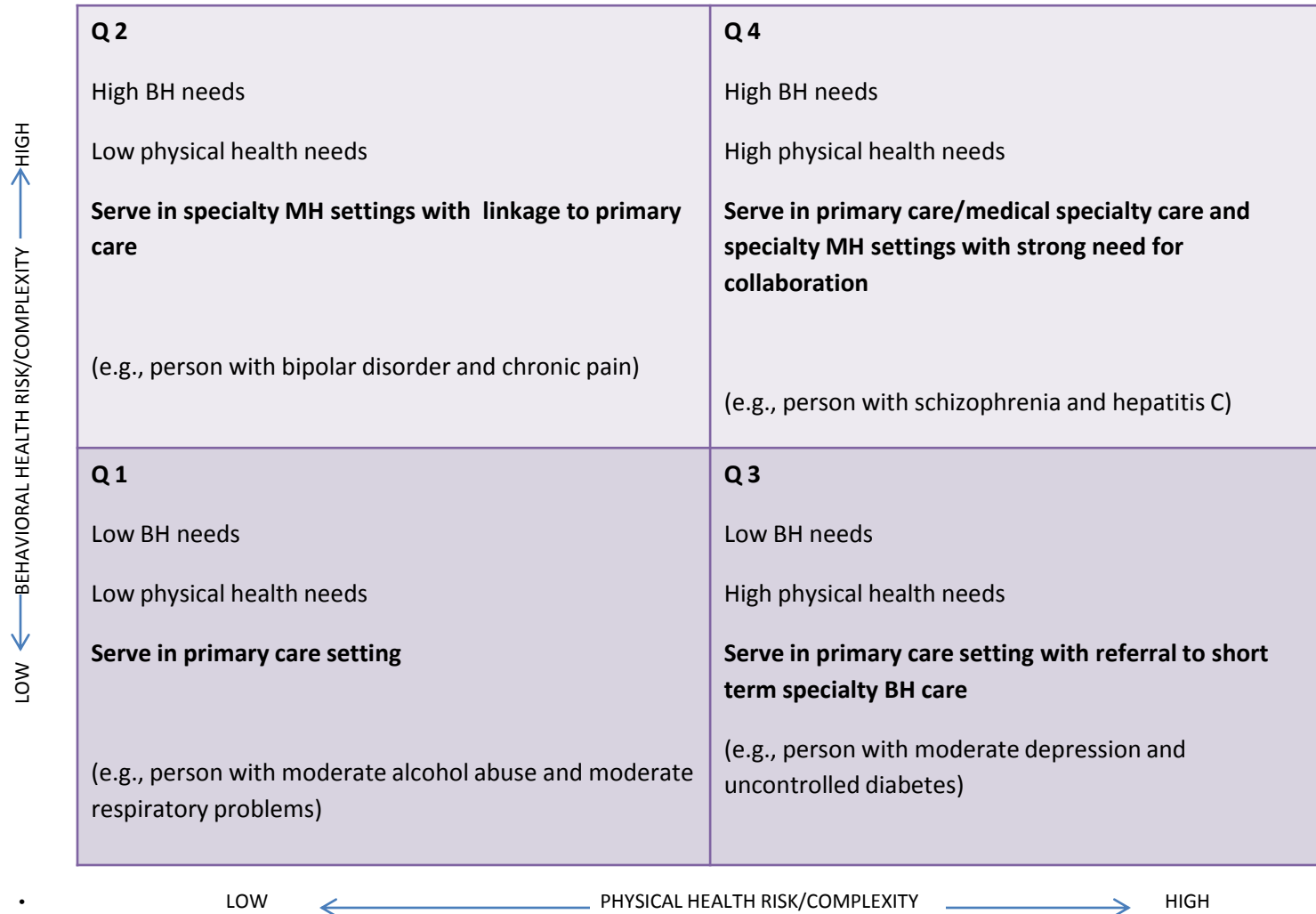
Strengths

- Partnerships
- Advocacy
- Peers
- Accountability
- Data
- Funding

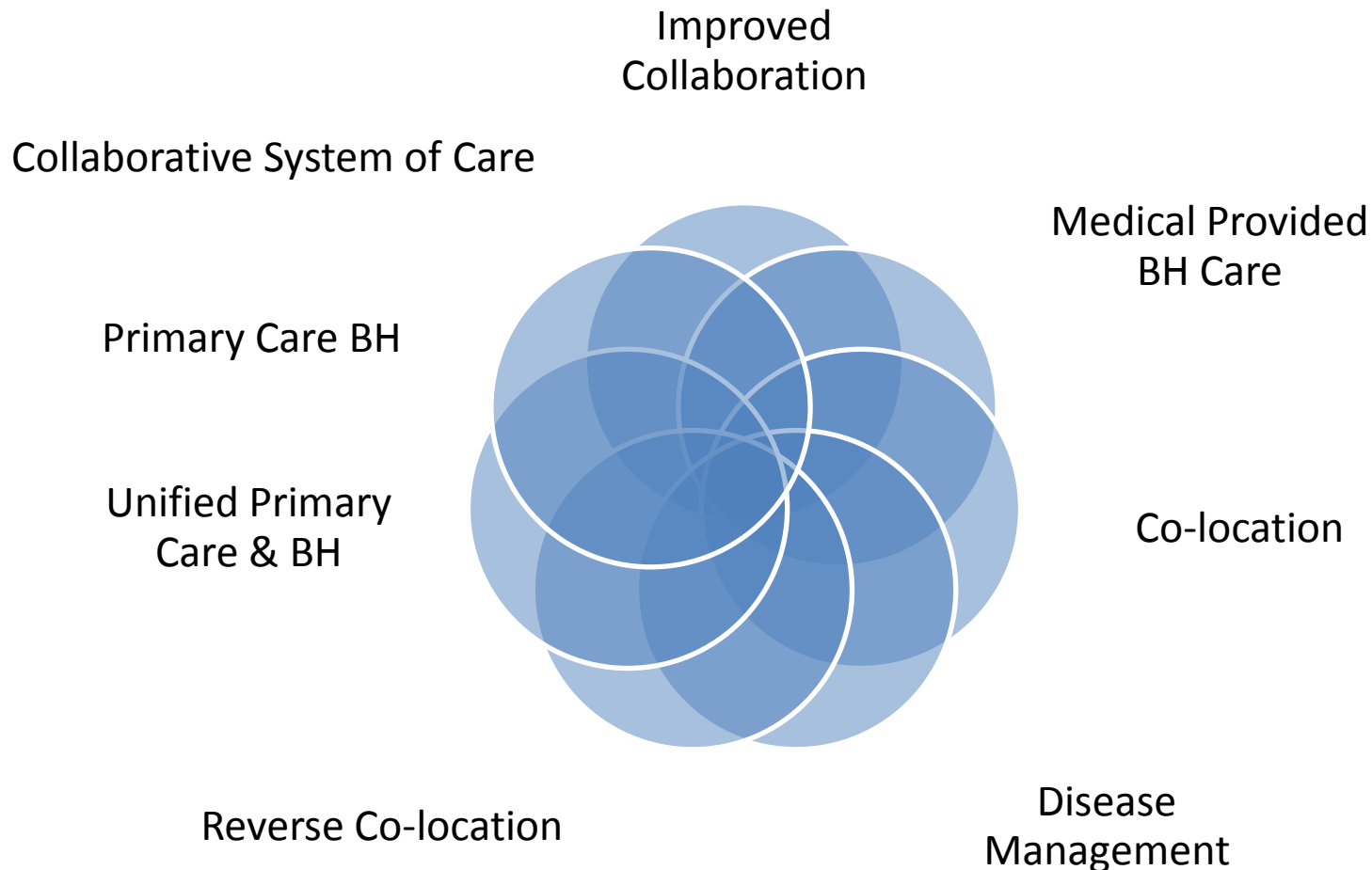
Challenges

- Geography
- Grants Management
- Fee for Service
- Workforce
- Acuity
- Family Engagement
- Shared risk/shared responsibility

Four Quadrants of Clinical Integration Based on Patient Needs



MODELS of Integration



DEGREE of Integration

| Minimal Collaboration | Basic Collaboration at a Distance | Basic Collaboration On-Site | Close Collaboration in a Partly Integrated System | Close Collaboration in a Fully Integrated System |
|--|--|---|--|---|
| BH and PC work in separate facilities, have separate systems, communicate sporadically | BH and PC providers have separate systems at separate sites, communicate periodically by letter or phone on share patients | BH and PC have separate systems, share same facility, increased communication , providers remain in their own systems | BH and PC share same facility , share some systems like appts or EHR, collaborate as a team on shared patients | BH and PC are part of the same team; BH treatment is part of primary care |

TRENDS AND IMPACTS

❖ Substance Abuse and Mental Health Services Administration Strategic Initiatives

- Prevention of SA and mental illness
- Trauma and justice
- Military families
- Recovery support
- Health reform
- Health information technology
- Data, outcomes and quality
- Public awareness and support

❖ Affordable Care Act

- Medicaid eligibility
- Medical Homes
 - Integration of BH and Primary Care

CHANGE

- Integrated regulations
- Acuity and rate review
- Encrypted closed-end PC delivery?

DBH Mission

Improved quality of life through the right service to the right person at the right time (new)

To manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships (previous)

Vision

Partners promoting healthy communities